STATE OF ILLINOIS) COUNTY OF COOK)

AFFIDAVIT OF CHILD SUPPORT COMPLIANCE

	I,, being duly sworn on oath, state that the
	folio Ning statements are true and correct to the best of my knowledge and belief:
1.	My full legal name is:
2.	My home address is:
3.	My home phone number is:; my work phone number is:
4.	My driver's license number is:
5.	My Social Security number is:; my date of birth is:
6.	If I have any child support obligations, I affirm that I am in compliance with such obligations and that my court case number is:
7.	I agree to comply in the future with any court order to pay child support.
8.	I agree to comply with any present, or future, order to withhold child support payments from an employee's salary, if I or my company are named as a payer for withholding child support.
9.	I agree to enroll children in a health insurance plan, if I or my company are now, or in the future, named as a payer for enrolling a child in a health insurance plan.
10.	I agree to have the information provided in this affidavit audited by the Department of Consumer Services for the purposes of assuring that any child support obligation I may have now or in the future is met.
11.	I understand that I may be prosecuted by the Department of Consumer Services if any of the above statements are found to be false, either wholly or partially.
12.	I further understand that in addition to being prosecuted by the City for false or misleading statements on this affidavit, that any misrepresentation made in this affidavit may result in a three-year period of ineligibility with the City.
13.	I understand that all City employees must comply with all court-ordered child support obligations as a condition of city employment. Noncompliance shall be grounds for disciplinary action.
Under penalties as provided by law, including but not limited to Chapter 1-21 of the Municipal Code of the City of Chicago set forth below, I certify that the above statements are true and correct.	
Signed: Dated:	
Subscribed and sworn to before me this day of, 20	

Notary Public _____